



Lead Training Provider Recognition Form LPF-4

Louisiana Department of Environmental Quality
OES - Air Permits Division - Manufacturing Section
P.O. Box 4313, Baton Rouge, LA 70821-4313
Phone (225) 219-3025 FAX (225) 219-3156

For LDEQ Use Only

AI No.

Expires:

Check No.

Amt Received: \$

Processed Date:

Fees: In State: \$500 Out of State: \$750 Trainer Provider Recognition No. _____

1. Applicant Information: (please print or type)

Company Name:		
Training Manager:	Title:	State ID or Driver's License No.
Business Address:		State of Issuance of State ID No.
City:	State:	Zip:
Phone No.()	Fax No.()	E-mail:

2. Are you recognized or approved by any other state to teach lead courses? ☐ Yes ☐ No

If yes, specify state and name of company: _____

3. Check discipline(s) for which company is seeking recognition: ☐ Initial ☐ Refresher

☐ Worker ☐ Supervisor ☐ Inspector ☐ Risk Assessor ☐ Project Designer

List location(s) and description of facilities where course(s) will be offered: _____

4. Description of equipment available for hands-on-training: _____

5. List the names of the principal instructors and contact information:

<u>Name</u>	<u>Telephone No.</u>
_____	() _____
_____	() _____

7. Submit application materials and appropriate fees to the address above with the following information:

1. An example of numbered certificates;
2. Copy of test blueprint;
3. A description of the procedures for conducting the assessment of hands-on skills;
4. Course curriculum materials for review if not using EPA-authorized training materials; and
5. Copy of the quality control plan.

8. Statements of Regulation Knowledge and Acknowledgment for Public Records:

(a) I hereby certify that this notification is true and accurate and that all information provided complies with Chapter 28 requirements: The training provider meets the minimum requirements established in LAC 33.III.2805.B; Each instructor meets the qualifications described in LAC 33.III.2805.B.2; and EPA-authorized model training materials will be used or course materials will be submitted for agency approval.

(b) I hereby certify that this application, accompanying documents, and information provided is true and accurate in accordance with La. R.S. 30:2025.F(2)(a), any person who willfully or knowingly makes any false statement, representation, or certification in any form, application, record, label, manifest, report, plan, or other document filed or required to be maintained under this Subtitle are subject to penalties with conviction of civil and criminal actions as outlined in this regulation.

(c) I acknowledge that the information I have provided on or with this form is to be kept in the public records maintained by LDEQ. I also acknowledge that the information will be available for public inspection and copying, and I waive any claim to privacy in this information.

(Signature of Training Manager/Responsible Individual)

(Print Name)

(Date)